



# West Virginia State Fire Marshal's Office

## Blasting Activity Registration Form

The form shall be submitted at least 2 business days before any blasting activity takes place.

### Applicant

Applicant Name:	
Address:	
City, State, Zip:	
Phone Number:	
Type of Business:	

### Contact Person

Contact Name:	
Contact Phone Number:	
Blasting Subcontractor:	

### Explosive & Location Information

Project Name:			
Explosive Types to be Used:			
Detonator Types to be Used:			
Blasting Location Address:			
Blasting County:			
Blasting GPS Coordinates:	N		W
Start Date:			
Job Duration (1 year max):			
Blast Times:			

Form may be submitted via fax to (304) 558-2537 or by email to [sfmlicensing@wv.gov](mailto:sfmlicensing@wv.gov)